

MHDS Redesign BI Workgroup

Meeting #1

August 23, 2011, 10:00 am to 3:00 pm

Polk County River Place

2309 Euclid Avenue

Des Moines, IA



MINUTES

Attendance

Workgroup members: Megan Hartwig/Chair, Jack Hackett/Co-Chair, Tom Brown, Julie Fidler Dixon, Kay Graber, Michael Hall, Rhonda Jordal, Lisa Langlitz, Geoffrey Lauer, LeAnn Moskowitz, Ben Woodworth

Absent: Katrina Carter Larson, Dave Johnson

Facilitator: Teresa Hay McMahon

Staff: Julie Jones, Lonnie Cleland, Ousmane Diallo

Other Attendees:

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| • Jess Benson | Legislative Services Agency |
| • Sandy Ferguson | Harmony House |
| • Jenny Schulte | Advocacy Strategies |
| • Annie Uetz | Polk County Health Services |

Agenda

Agenda Topics:

The Chairperson and Co-Chairperson welcomed the workgroup and provided opening remarks for the tasks as noted in SF525 ~ review best practices and program utilized by other states and identify new approaches to address the needs for publicly funded services for persons with brain injury. This workgroup will work with the same timelines as the rest of the groups.

The Facilitator reviewed the following ground rules:

- Will we take a 45 minute lunch break. This should allow you enough time to run out and pick up food and we will provide you a list of nearby restaurants at the start of the meeting.
- We understand that many of you have conflicts due to vacations and work obligations. As we have shared, we do not intend to have substitutes for workgroup members so you may wish to have someone attend on your behalf to listen to the conversation etc. You are more than welcome to do so and they may participate as a member of the audience.
- If you have materials that you would like to share with the workgroup at any time, please make 25 copies and you may hand out during the meeting.

- Public comments are to be succinct and relate to the current meeting. Comments should add to the information and discussion.
- Additional ground rules for the group:
 - Keep an open mind to change
 - Maintain a positive attitude
 - Create a blameless environment
 - Practice mutual respect
 - Never leave a meeting in silent disagreement

REVIEW OF CURRENT MEDICAID SERVICE STRUCTURE—LEANN MOSKOWITZ (IME)

LeAnn Moskowitz from the Iowa Medicaid Enterprise (IME) presented an overview of how brain injury is currently funded in the IME system. A handout of the presentation is available at the following address:

http://www.dhs.iowa.gov/docs/Medicaid1915CHomeCommunityWaiver_8-18-11.pdf.

Moskowitz shared utilization on each of the services that is offered on the Brain Injury (BI) Waiver. The group identified the following concerns with current services:

- Case management vs. Targeted Case Management (should case management be included in the monthly cap?)
- Transition from BI Waiver to Elderly Waiver (Elderly Waiver has a lower funding cap)
- Exception to Policy (Moskowitz stated IME is looking into policy change that should help to decrease the number of exceptions to policy).
- Payment for employment related services: IME and Vocational Rehabilitation are both a payor of last resort.

REVIEW OF BRAIN INJURY IN IOWA—DR. OUSMANE DIALLO (IDPH)

Dr. Diallo presented information on the prevalence of brain injury in Iowa and cause of injury information. The handout for Dr. Diallo's report will be available on the Mental Health Redesign Website. There was discussion regarding the limitation of the report. The group identified several sources that data may be missing from including clinics, the VA (Veterans Administration) and individuals who may be transferred to a large hospital in a border state. The group identified the following needs:

- Better tracking of information in Iowa to include information from VA, clinics, etc.
- Information from hospitals that are not Level I or II centers.
- A way to track youth sports injuries.

DEFINING BEST PRACTICES

The BI workgroup is to focus on best practices. The group defined best practices as:

- Evidence –based
- Having a methodology
- A treatment or service model recognized by licensing agencies and the industry
- Integrated—systems all work together to address all needs of an individual (example co-occurring TBI and PTSD) so people get comprehensive, effective services

The group discussed the example of services in Cherokee County. Langlitz shared what she felt works and does not work well in Cherokee County.

Works

- Cherokee co. has several providers including residential and vocational.
- Stakeholders are open to collaboration.
- People are able to stay in their own communities.

Needs Improvement

- Stakeholders provide services without adequate funding in some cases due to gaps in funding.
- Reimbursement rates and service dollar caps (funding is biggest barrier in general)

STRATEGIES TO GAIN INFORMATION ON BEST PRACTICES

The group discussed strategies to gain resource information on best practices. Workgroup members were identified to gain information from each resource. The following comments were made regarding strategies for best practices:

- How are other states handling linkages, funding, hierarchy of needs, etc?
- How to handle case management.
- Best practices might mean using existing services, funding and resources in a more efficient way; not the creation of new. Current fixes & supports + what can be added & how to fund it = change
- How can existing funds be used to do things differently?
- Demonstrate cost savings and use the balance to fund additional services.
- How to deal with the gap in adult onset disability from brain injury.
- Development of an annual report for brain injury.
- How does this process fit into healthcare reform and Federally Qualified Health Centers?

The following categories were identified to review for best practices with the following workgroup members assigned to research information to bring back to the group:

- Brain Injury Services—Fidler Dixon (co-lead), Hall (co-lead), Langlitz, Moskowitz
- Linkages within the system—Hackett (lead), Johnson, Woodworth
- Identification of populations (surveillance, screening, etc.)—Hartwig (lead), Carter Larson, Jordal
- Legislative (Developmental Disability definition, funding, etc.)—Lauer (lead), Brown, Graber, Jordal

The group identified the following sources to request and review information from:

- Brain Injury Association of America (BIAA) – Lauer
- National Association of State Head Injury Administrators (NASHIA) – Woodworth
- North American Brain Injury Society (NABIS) – Fidler Dixon
- Commission on Accreditation of Rehabilitation Facilities (CARF) – Fidler Dixon
- Defense and Brain Injury Institute – Hall

- TBI Technical Assistance Center (TBICS/NORC) – Hartwig
- Corrections – Katrina
- NCMH – Woodworth
- National Conference of State Legislatures (NCSL) – Jess Benson
- NIDR Model Systems Programs – Lauer
- Rutgers report: Brain Injury Waivers Across the States Comparison – Lauer
- National Foundation of Women Legislators (NFWL) - Jordal
- War Related Illness and Injury Study Center (WRIISC) – NA, focus is on innovative treatments
- Other states to contact and review systems
 - Vermont, Kansas, Nebraska – Woodworth
 - Minnesota, New Jersey, Virginia, Colorado, Michigan, Indiana – Lauer
 - Missouri – Moskowitz

The workgroup requested additional information on the following items:

- Historical data on the funding cap for BI Waiver services vs. the actual cost neutrality.
- A document with the current utilization rates.
- Information on Brain Injury from HSRI.

Public Comments:

- It will be important to educate legislators more about brain injury.

NEXT STEPS

- Workgroup members to gather information identified and provide a summary of information to Hartwig to make available to other workgroup members by September 9, 2011.
- Review SF 525 prior to next meeting.
- Review Olmstead prior to next meeting.

COORDINATION WITH OTHER WORKGROUPS

The efforts of this workgroup will have overlay with other workgroups as details of the redesign unfolds.

MEETING SUMMARY

All handouts from the meeting will be posted on the DHS MHDS Redesign website.

Next Meetings:

9/6/11—State Historical Building: Discussion of Iowa's existing system to include gaps, issues, and best practices. Identify what services and types of providers needs to be in each region.

9/27/11—United Way of Central Iowa: Review of best practices from identified sources.